



2010 State Health Benefit Plan Three-Tier Prescription Drug List Reference Guide for Choice Plus

Your UnitedHealthcare pharmacy benefit offers flexibility and choice in finding the right medication for you.

This guide will:

- Help you understand your medication benefit choices and make informed decisions
- 2. Help you understand which questions to ask your doctor or pharmacist.

What is a Prescription Drug List (PDL)?

A PDL is a list that categorizes into tiers medications, products or devices that have been approved by the U.S. Food and Drug Administration.

Your UnitedHealthcare pharmacy benefit provides coverage for a comprehensive selection of prescription medications. Below you will find some commonly prescribed medications for certain conditions. You and your doctor can refer to this list to select the right medication to meet your needs.

The benefit plan documents provided by your health plan include a Summary Plan Description (SPD). Please refer to this document for more details about your individual plan.

Understanding Tiers

Prescription medications are categorized within three tiers. Each tier is assigned a copayment, the amount you pay when you fill a prescription, which is determined by your health plan. Consult your benefit plan documents to find out the specific copayments, coinsurance and deductibles that are part of your plan. **You and your doctor should decide which medication is appropriate for you.**

Tier 1 – Your Lowest-Cost Option

Tier 1 medications are your lowest copayment option. For the lowest out-of-pocket expense, always consider Tier 1 medications if you and your doctor decide they are right for your treatment.

If you have pharmacy benefit coverage with UnitedHealthcare, you may learn more about your benefit by visiting **myuhc.com** or by calling the toll-free Customer Care phone number on the back of your ID card. If you are not currently enrolled with UnitedHealthcare for pharmacy benefit coverage, you may visit **www.welcometouhc.com/shbp** for additional information during your open enrollment period or you may contact your health plan for additional information. In certain documents, the Prescription Drug List (PDL) was referred to as the "Preferred Drug List (PDL)." This change in descriptive terms does not affect your benefit coverage.

Where differences are noted between this PDL reference guide and your benefit plan documents, the benefit plan documents will govern.

Tier 2 - Your Midrange-Cost Option

Tier 2 medications are your middle copayment option.

Tier 3 - Your Highest-Cost Option

Tier 3 medications are your highest copayment option. If you are currently taking a medication in Tier 3, ask your doctor whether there are Tier 1 or Tier 2 alternatives that may be right for your treatment.

Note: Compounded medications are medications with one or more ingredients that are prepared "on-site" by a pharmacist. These are classified at the Tier 3 level.

Please note: Refer to your enrollment materials, check the Drug Pricing/Coverage information on **www.welcometouhc.com/shbp** or log on **myuhc.com***, or call the toll-free Customer Care phone number on the back of your ID card for more information about your benefit plan or to inquire about additional medications that are not listed on the PDL.

Who makes tier placement decisions and what factors are considered?

Several factors are considered when deciding the placement of a medication on the UHC Prescription Drug List including the medication's classification. Several committees contribute and evaluate the overall health care value of the medication to ensure an unbiased approach. Committee members are various health care professionals including physicians and pharmacists with a broad range of specialties.

The two main committees are:

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Our National Pharmacy and Therapeutics (P&T) Committee evaluates clinical evidence in order to determine a medication's role in therapy and its overall clinical value. In addition, the P&T Committee reviews the relative safety and efficacy of the medication.

The UnitedHealthcare PDL Management Committee evaluates the clinical recommendations of the P&T committee as well as pharmacoeconomic and economic information. Our PDL Management Committee uses the input from the National P&T Committee and our various other committees to make a tier placement decision based on the overall health care value of a particular medication, balancing the need for flexibility and choice for you and an affordable pharmacy benefit for health plans.

The PDL Management Committee helps to ensure access to a wide range of affordable medications for you.

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How often will prescription medications change tiers?

Medications may change tiers once per calendar year (January 1). Additionally, when a brand-name medication becomes available as a generic, the tier status of the brand-name medication will be evaluated. When a medication changes tiers, you may be required to pay more or less for that medication. These changes may occur without prior notice to you. For the most current information on your pharmacy coverage, please call the toll-free Customer Care phone number on the back of your ID card or visit www.welcometouhc.com/shbp or log on myuhc.com.

What is the difference between brand-name and generic medications?

Generic medications contain the same active ingredients as brand-name medications, but they often cost less. Generic medications become available after the patent on the brand-name medication expires. At that time, other companies are permitted to manufacture an FDA-approved, chemically equivalent medication. Many companies that make brand-name medications also produce and market generic medications.

The next time your doctor gives you a prescription for a brand-name medication, ask if a generic equivalent or lower tier alternative is available and if it might be appropriate for you since generic medications are your lowest-cost option. Call the toll-free Customer Care phone number on the back of your ID card or visit **www.welcometouhc.com/shbp** or log on **myuhc.com** to determine the copayment for your generic medication.

Why is the medication that I am currently taking no longer covered?

Medications may be excluded from coverage under your pharmacy benefit. For example, a prescription medication may be excluded from coverage when it is therapeutically equivalent to an over-the-counter medication. There may be alternatives on the PDL or over-the-counter medications that are appropriate for your treatment. Talk to your doctor about the most appropriate medication for you.

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When should I consider discussing over-the-counter or non-prescription medications with my doctor?

An over-the-counter medication can be an appropriate treatment for some conditions. Consult your doctor about over-the-counter alternatives to treat your condition. These medications are **not covered** under your pharmacy benefit, but they may cost less than your out-of-pocket expense for prescription medications.

Why are there notations next to certain medications in the PDL, and what do they mean?

The specific definitions for these notations (**SL**, **N**, etc.) are listed at the bottom of each page of the PDL and refer to our pharmacy programs. These programs as well as our drug utilization review processes can help confirm coverage based on your benefit plan.

Please call the toll-free Customer Care phone number on the back of your ID card if you need additional information about these notations.

What should I do if I use a self-administered injectable medication?

You may have coverage for self-administered injectable medications through your pharmacy benefit plan. UnitedHealthcare has developed a specialty pharmacy network for these medications. Please call our toll-free Specialty Pharmacy Referral Line at 1-866-429-8177. A representative will answer questions about our program and then transfer you to a specialty pharmacy based on your particular specialty medication prescription.

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How do I access updated information about my pharmacy benefit?

Since the PDL may change periodically, we encourage you to call the toll-free Customer Care phone number on the back of your ID card or log on **myuhc.com** or visit **www.welcometouhc.com/shbp** for more current information.

Log on to **myuhc.com** for the following pharmacy resources and tools:

- Pharmacy benefit and coverage information
- · Specific copayment amounts for prescription medications
- Possible lower-cost medication alternatives
- A list of medications based on a specific medical condition
- Medication interactions and side effects
- · Locate a participating retail pharmacy by zip code
- Review your prescription history

What if I still have questions?

Please call the toll-free Customer Care phone number on the back of your ID card. Representatives are available to assist you 24 hours a day, except Thanksgiving and Christmas.

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Tier 1

Acarbose

Acetaminophen with Codeine SL

Acetaminophen with Hydrocodone ${\bf SL}$

Acyclovir Tablet, Capsule, Suspension

Alendronate **SL** Allopurinol Alprazolam

. Alprazolam Extended-Release

Amitriptyline Amlodipine

Amlodipine/Benazepril

Amoxicillin

Amoxicillin with Potassium Clavulanate

Amphetamine with Dextroamphetamine

Salt Combination N, SL

Amphetamine with Dextroamphetamine

Salt Combination Capsule,

Sustained-Release 24 Hour N, SL

Ampicillin Asmanex **SL** Atenolol

Atenolol with Chlorthalidone

Azithromycin Tablet Balsalazide Disodium

Bisoprolol

Bisoprolol with Hydrochlorothiazide

Bupropion N

Bupropion HCl XL N

Bupropion Sustained-Action N

Bupropion Sustained-Release 24 Hour

300 mg N

Butorphanol Nasal Spray SL

Cabergoline

Calcium Acetate 667 mg

Captopril

Captopril with Hydrochlorothiazide

Carbamazepine

Carbamazepine Tablet, Sustained-Release

12 Hour

Carbidopa/Levodopa

Carisoprodol Carvedilol Cefaclor Cefadroxil

Cefdinir

Cefprozil Cefuroxime

Cephalexin

Chlorhexidine

Ciclopirox Gel, Solution

Cilostazol Ciprofloxacin Citalopram Clarithromycin

Clathromycin Extended-Release

Clindamycin Capsule

Clindamycin Gel, Soln, Lotion, Swabs

Clindamycin Vaginal Cream

Clobetasol Clonazepam Clonidine

Clonidine HCL Patch

Clotrimazole with Betamethasone

Colestipol Packets

Cromolyn Cyclobenzaprine

Desmopressin
Diazepam
Diclofenac

Diclofenac Sodium Drops

Dicyclomine Digoxin Diltiazem

Divalproex Sodium Capsule, Sprinkle Divalproex Sodium Tablet, Enteric-Coated

Divalproex Sodium Tablet, Sustained-Release

Dorzolamide HCl 2% Drops Dorzolamide HCl/Timoptic Maleate

Doxazosin Doxepin Doxycycline Enalapril

Enalapril with Hydrochlorothiazide

Eplerenone

Erythromycin Base 250, 333 mg Erythromycin Ethylsuccinate Erythromycin Stearate

Erythromycin with Benzoyl Peroxide

Estradiol Patch

Estradiol/Norethindrone Acetate

Estropipate

Ethinyl Estradiol/Drospirenone

0.3 mg/3 mg Etidronate Disodium

Etodolac

Some medications are noted with N or SL. The definitions for these symbols are listed below. Your benefit plan determines how these medications may be covered for you.

Tier 1 continued

Famciclovir

Fast Take System

Fast Take Test Strips SL

Felodipine

Fenofibrate

Fentanyl Transdermal System SL

Fexofenadine Finasteride N

Fluconazole 50, 100, 200 mg

Fluconazole 150 mg Flunisolide Nasal Spray **SL**

Fluocinolone Fluoxetine

Fluticasone Nasal Spray SL

Folic Acid Foradil **SL** Fortical Fosinopril

Fosinopril with Hydrochlorothiazide

FreeStyle Lite Test Strips SL

Freestyle System
Freestyle Test Strips SL

Furosemide

Gabapentin Capsule, Tablet

Gemfibrozil Gentamicin Glimepiride Glipizide

Glipizide Extended-Release Glipizide with Metformin

Glyburide

Glyburide with Metformin

Glycopyrrolate Granisetron **SL** Humalog Vials Humulin Vials Hydrochlorothiazide Hydroxychloroquine

Hydroxyzine

Ibuprofen - Prescription strengths only

Ibuprofen with Hydrocodone

Imipramine
Indapamide
Indomethacin
Isosorbide Dinitrate
Isosorbide Mononitrate

Isotretinoin

Isradipine

Itraconazole **SL**Ketoconazole
Lamotrigine
Leflunomide
Leuprolide

Levalbuterol HCL 125 mg/ml SL

Levetiracetam Levothyroxine Lisinopril

Lisinopril with Hydrochlorothiazide Lithium Carbonate Controlled-Release Lithium Carbonate Extended-Release

Lorazepam Lovastatin

Medroxyprogesterone 150 mg/ml SL

Medroxyprogesterone Tablet

Mefanamic Acid Meloxicam

Mesalamine Enema

Metformin Extended-Release Methocarbamol Methotrexate

Methyldopa

Methylphenidate N, SL

Methylphenidate Extended-Release N, SL

Methylprednisolone Metoclopramide Metoprolol

Metoprolol Sustained-Release

Metronidazole

Metronidazole Cream Metronidazole Vaginal Gel

Minocycline Mirtazapine

Mirtazapine Dispersible Tablet

Moexipril

Mycophenolate Mofetil

Nabumetone Nadolol

Naproxen - Prescription strengths only

Nateglinide

Neomycin/Polymyxin/Hydrocortisone

Nifedipine

Nifedipine Controlled-Release Nifedipine Extended-Release Nisoldipine Extended-Release

20, 30, 40 mg only

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Tier 1 continued

Nortriptyline Novolin Vials Novolog Vials Nystatin

Nystatin with Triamcinolone

Ofloxacin Eye Drops Omeprazole **N**

Ondansetron **SL**One Touch System
One Touch Test Strips **SL**One Touch Ultra Test Strips **SL**

Orapred Oral Solution

Orphenadrine

Orphenadrine Compound

Oxandrolone Oxcarbazepine Oxybutynin

Oxybutynin Sustained-Release
Oxycodone with Acetaminophen **SL**

Oxycodone with Ibuprofen

Pantoprazole N

Paroxetine

Paroxetine HCL Extended-Release

Penicillin V Potassium

Phenytoin Piroxicam Portia

Potassium Chloride Potassium Citrate

Pravastatin Prazosin

Precision Q-I-D Test Strips **SL** Precision Q-I-D Test System Precision Xtra Systems

Precision Xtra Test Strips **SL**

Prednisone

Prenatal Vitamins - Generic prescription

strengths only Primidone Promethazine

Promethazine with Codeine

Propoxyphene with Acetaminophen SL

Propranolol
Protriptyline HCl
Pulmicort Flexhaler **SL**Pulmicort Turbuhaler **SL**

Quinapril

Quinapril with Hydrochlorothiazide

QVAR SL

Ramapril Capsule Ranitidine Syrup Risperidone Ropinirole Sertraline Simvastatin

Spironolactone with Hydrochlorothiazide Sulfamethoxazole with Trimethoprim

Sulindac

Sumatriptan Succinate Injection **SL**Sumatriptan Succinate Nasal Spray **SL**Sumatriptan Succinate Tablet **SL**

Surestep System
Surestep Test Strips **SL**

Tamoxifen
Temazepam
Terazosin
Terbinafine
Tetracycline
Theophylline

Tobramycin/Dexamethasone Eye Drops

Tolmetin Topiramate Tramadol

Tramadol with Acetaminophen

Trandolapril Trazodone Triamcinolone

Triamterene with Hydrochlorothiazide

Triazolam Trimethoprim

Ursodiol

Trimipramine Maleate

Venlafaxine
Ventolin HFA SL
Verapamil
Warfarin
Zaleplon SL
Zolpidem SL
Zonisamide

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Climara

Clindesse

Combigan

Coumadin

Cozaar

Divigel

Dovonex

Duetact Effexor XR

Flestat

Elmiron

Enjuvia

Fsclim

Estraderm

Estratest H.S.

Estring

Evamist

Fvista

Femara

Flomax

Flovent SL

Flovent HFA SL Forteo N, SL

Emend **SL** Enablex

Enbrel N, SL

Entocort EC Epipen **SL**

Epipen Jr. **SL** Epogen **N, SL**

Combivent SL

Copaxone SL

Tier 2

Aceon
Aciphex N
Actonel SL
Actonel with Calcium SL
Actoplus Met
Actos
Advicor
Aldara

Aldara Crestor
Alphagan P Cymbalta
Altace Tablet Dapsone
Altoprev Depakote ER
Androderm SL Depakote Sprinkle
Androgel SL Dilantin

Antabuse 250 mg
Antara
Apriso
Aranesp N, SL
Aricept
Aricept ODT
Arimidex
Arixtra SL

Astelin SL
Atrovent Inhaler SL
Avandamet
Avandaryl
Avandia
Avonex SL

Axid Oral Solution Azelex Azmacort Azor

Bactroban Cream, Nasal Ointment

Benicar Benicar HCT Benzamycin Betimol Boniva **SL** Byetta **SL** Bystolic

Canasa Fosamax Plus D SL
Capex Shampoo Fosrenol
Carac Cream Frova SL
Cardizam L A Gabitril

Cardizem LA Gabitril
Casodex Geodon

Cenestin Glucagon Emergency Kit **SL**

Cimzia **N, SL** Grifulvin V Tablet

Ciprodex Humalog Pens/Cartridges

Cleocin Vaginal Suppositories Humira N, SL

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your benefit.
SL = Supply Limit.

Humulin Pens/Cartridges

Hyzaar

Intal SL

Janumet Januvia

Keppra

Lanoxin

Lantus Vials

Levaguin

Levemir

Lexapro

Lialda

Lidoderm SL

Lindane

Lipitor

Lipofen

Lo/Ovral

Locoid Lipocream Lofibra Tablet

Lotronex N

Lovenox SL

Lumigan

Malarone

Maxalt SL

Maxalt MLT SL

Methergine

Metrolotion

Micardis

Micardis HCT

Mirapex

Nasonex SL

Neoral

Neupogen

Niaspan

Novolin Pens/Cartridges

Novolog Pens/Cartridges

Nutropin/AQ N, SL

Nuvaring

Nystatin Powder

Optivar

Ortho Tri-Cyclen Lo

Ortho-Prefest

Oxycontin SL

Oxytrol

Pegasys N, SL

Plavix

Prandin

Premarin Vivelle

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Premphase Prempro

Prevacid Solutab N

Prevpac

Procrit N, SL

Proctofoam-HC

Prograf

Prometrium

Protopic N

Pulmicort Respules SL

Pylera

Ranexa

Rebif N, SL Relistor

Relpax SL

Renagel

Retin-A Micro

Roferon A N, SL

Saizen N, SL

Sanctura XR

Serevent SL

Serevent Diskus SL

Seroquel

Seroquel XR

Simcor

Simponi N, SL

Singulair

Soriatane

Spiriva SL

Sular 8.5, 10, 17, 25.5, 34 mg only

Symbicort SL

Symbyax

Synthroid

Tazorac SL

Tegretol

Testim 1% SL

Tev-Tropin N, SL

Tilade SL

Travatan

Travatan Z

Tricor Tablet

Triglide

Trusopt Twinject SL

Vaaifem

Valtrex

Vesicare

Tier 2 continued

Vivelle-Dot Voltaren Gel Vyvanse N, SL Vytorin Welchol Yaz Zegerid N Zomig SL Zomig MLT SL Zomig Nasal Spray SL Zovirax Ointment, Cream Zyprexa (Zydis = Tier 3)



Some medications are noted with N or SL. The definitions for these symbols are listed below. Your benefit plan determines how these medications may be covered for you.

Tier 3

Clarinex Abilify Clarinex D Accolate Climara Pro Aclovate Clindagel Accu-Check System SL Accu-Check Test Strips SL Colazal Colyte Actiq N, SL Acular Combipatch Advair Diskus SL Combunox SL Advair HFA SL Concerta N, SL Coreg CR Aggrenox Allegra ODT Cosopt

Allegra Suspension Covera-HS
Allegra-D Cutivate
Alocril Cytomel
Alomide Daytrana N, SL
Alora Denavir

Ambien CR N, SL Derma-Smoothe/FS

Amerge SL Detrol
Analpram-HC Detrol LA
Armour Thyroid Differin N
Arthrotec Diovan
Asacol Diovan HC

Asacol Diovan HCT
Ascensia Autodisc SL Diprolene
Ascensia Elite SL Doryx
Atacand Dostinex
Atacand HCT Duac, Duac-CS
Augmentin XR Efudex Cream

 Avalide
 Elidel N

 Avapro
 Elocon

 Avelox
 Estrostep FE

 Avinza SL
 Exforge

 Avodart N
 Exforge HCT

 Axert SL
 Extendryl SR

 Beconase AQ SL
 Factive

Beconase AQ SL Factive
Benzaclin Famvir
Betaseron N, SL FemHRT
Betopic S Fenoglide
Blephamide Eye Drops Finacea

Caduet Focalin XR N, SL
Carbatrol Genotropin N, SL
Carfate Suspension Gynazole-1

Celebrex Gynodiol 1.5 mg Tablet
Cenogen Ultra Humatrope N, SL
Cesamet SL Humibid DM
Chemstrip BG Test Strips SL Humibid LA

Cialis SL Inderal LA
Ciloxin Opthalmic Ointment Intron A N, SL

Cipro HC Invega

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Kadian SL Kineret N. SL Keppra XR Ketek Klaron Lantus Solostar

Lescol Lescol XL Levitra SL Levothroid Locoid

Locoid Lipocream

Loestrin Loestrin FE Loprox Lotemax Lovaza Lunesta N, SL Luvox CR

Luxiq Lyrica N Mavik

Maxair Autohaler SL

Menest Mentax Mesnex

Metadate CD N, SL

Metrogel

Miacalcin Nasal Spray

Mircette Modicon Naftin Nasacort

Nasacort AQ SL Nascobal

Natelle Nestabs RX Nexium N

Nordette Norditropin N, SL

Noritate Nulev Nulytely

Nitrostat

Omnitrope N, SL Oraped ODT Ortho Evra

Ortho Micronor

Ortho Tri-Cyclen Ortho-Cept Ortho-Cyclen Ortho-Novum Oscion Ovcon-35 Ovcon-50 Oxistat Pataday Patanase

Peg-Intron N, SL

Penlac Pentasa Periostat Plexion Ponstel

Patanol Paxil CR

Precare Conceive Precare Prenatal Premesis RX Prenate Advance Prenate GT

Prevacid Capsule N Prevacid Naprapac N

Primacare Pristiq ProAir HFA SL

Proventil HFA SL Provigil N, SL Prozac Weekly

Quixin Relenza SL Requip XL Restasis N Rhinocort Aqua Ritalin LA N, SL

Rosanil Rozerem N. SL Sanctura Sancuso Seasonique SL Sensipar Simponi N, SL Skelaxin Solodyn

Soma 250 mg Stavzor

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Tier 3 continued

Strattera N, SL

Symlin SL

Tamiflu SL

Tarka

Tekturna

Tekturna HCT

Tequin

Teveten

Theo-24

Tobradex Eye Ointment

Tracer BG Test Strips SL

Transderm-Scop

Treximet SL

Tri-Norinyl

Triaz

Trilipix

Tussionex

Uniretic

Uroxatral Vantin

Venlafaxine Extended-Release

Viagra SL

Vigamox

Visicol

Xalatan

Xopenex HFA SL

Xopenex Solution SL

Xyzal

Zetia

Zmax

Zylet

Zymar

NOTE:

- Compounded prescriptions are Tier Three
- Insulin pens & cartridges are Tier Three except for Novolin/Novolog and Humulin/Humalog pens and cartridges which are Tier Two.

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Additional Tier Three drugs with a generic equivalent in Tier One

Activella (Estradiol/Norethindrone Acetate)

Adderall N, SL (Amphetamine with Dextroamphetamine Salt

Combination N. SL)

Adderall XR N, SL (Amphetamine with Dextroamphetamine Salt Combination Capsule, Sustained-Release 24 Hour N, SL)

Aldactone (Spironolactone)

Allegra SL (Fexofenadine SL)

Altace Capsules (Ramapril Capsule)

Amaryl (Glimepiride)

Ambien N, SL (Zolpidem SL)

Anaprox (Naproxen)

Arava (Leflunomide)

Ativan (Lorazepam)

Augmentin (Amoxicillin TR/Potassium Clavulanate)

Augmentin ES (Amoxicillin with Potassium Clavulanate)

Biaxin (Clarithromycin)

Biaxin XL (Clathromycin

Extended-Release)

Buspar (Buspirone)

Calan, Calan SR (Verapamil)

Capoten (Captopril)

Cardizem CD except for 360 mg strength (Diltiazem Sustained-Release 24 Hour Capsule)

Cardura (Doxazosin)

Catapres-TSS (Clonidine HCL Patch)

Ceftin (Cefuroxime) Cefzil (Cefprozil)

Celexa (Citalopram)

Celcept (Mycophenolate Mofetil)

Ciloxan Eye Drops (Ciprofloxacin)

Cipro (Ciprofloxacin)

Cipro XR (Ciprofloxacin)

Cleocin T (Clindamycin Gel, Lotion,

Solution, Swabs)

Colazal (Balsalazide Disodium)

Colestid (Colestipol)

Colestid Packets (Colestipol Packets)

Copegus N, SL (Ribavirin N, SL)

Coreg (Carvedilol)

Darvocet-N SL (Propoxyphene with

Acetaminophen SL)

DDAVP (Desmopressin)

Depakote (Divalproex Sodium)

Depakote ER (Divalproex Sodium Tablet, Sustained-Release)

Depakote Sprinkle (Divalproex Sodium

Capsule, Sprinkle)

Depo Provera SL (Medroxyprogesterone 150 mg/ml SL)

Dexedrine SR N, SL (Dextroamphetamine Sustained-Release Capsule N. SL)

DiaBeta, Micronase, Glynase (Glyburide)

Didronel (Etidronate Disodium)

Diflucan 50, 100, 200 mg Tablet

(Fluconazole)

Diflucan 150 mg (Fluconazole)

Diprolene AF (Betamethasone

Dipropionate Augmented Cream)

Ditropan XL (Oxybutynin Sustained-Release)

Duragesic SL (Fentanyl Transdermal System SL)

Duricef (Cefadroxil)

Dyazide (Triamterene with

Hydrochlorothiazide)

Dynacirc (Isradipine) Effexor (Venlafaxine)

Elocon Cream, Ointment, Solution

(Mometasone)

Eskalith CR (Lithium Carbonate

Controlled Release)

Fioricet (Butalbital with Acetaminophen

and Caffeine)

Flexeril (Cyclobenzaprine)

Flonase SL (Fluticasone Nasal Spray SL)

Fosamax SL (Alendronate SL)

Glucophage, XR (Metformin)

Glucotrol, XL (Glipizide)

Glucovance (Glyburide with Metformin)

Hytrin (Terazosin)

Imitrex Injection SL (Sumatriptan

Succinate Injection SL)

Imitrex Nasal Spray SL (Sumatriptan

Nasal Spray SL)

Imitrex Tablet SL (Sumatriptan Succinate Tablet SL)

Inderal (Propranolol)

Keflex (Cephalexin)

Keppra (Levetiracetam)

Some medications are noted with N or SL. The definitions for these symbols are listed below. Your benefit plan determines how these medications may be covered for you.

Additional Tier Three drugs with a generic equivalent in Tier One

Klonopin (Clonazepam)

Kytril SL (Granisetron SL)

Lamictal (Lamotrigine)

Lamisil Tablet (Terbinafine)

Lasix (Furosemide)

Lithobid (Lithium Carbonate

Extended-Release)

Lopid (Gemfibrozil)

Lopressor (Metoprolol)

Lotensin (Benazepril)

Lotensin HCT (Benazepril with

Hydrochlorothiazide)

Lotrel (Amlodipine/Benazepril)

Lotrisone (Betamethasone with

Clotrimazole)

Macrobid (Nitrofurantoin/Nitrofurantoin

Macrocrystal)

Medrol Dosepak (Methylprednisolone)

Metaglip (Glipizide with Metformin)

Metrocream (Metronidazole Cream)

Metrogel Vaginal (Metronidazole

Vaginal Gel)

Mevacor (Lovastatin)

Mobic (Meloxicam)

Monopril (Fosinopril)

Motrin (Ibuprofen) - Prescription

strengths only

Mycelex Troche (Clotrimazole Troche)

Naprosyn (Naproxen) - Prescription

strengths only

Neurontin Capsule, Tablet (Gabapentin)

Nizoral (Ketoconozole)

Norvasc (Amlodipine)

Ocuflox Eye Drops (Ofloxacin)

Omnicef (Cefdinir)

Paxil (Paroxetine)

Paxil CR (Paroxetine HCl

Extended-Release)

Percocet 5-325, 7.5-500, 10-650

SL (Oxycodone with

Acetaminophen **SL**)

Plendil (Felodipine)

Pletal (Cilostazol)

Pravachol (Pravastatin)

Precose (Acarbose)

Prinivil, Zestril (Lisinopril)

Prinzide, Zestoretic (Lisinopril with

Hydrochlorothiazide)

Procardia XL (Nifedipine

Extended-Release)

Proscar N (Finasteride N)

Protonix **N** (Pantoprazole **N**)

Provera (Medroxyprogesterone)

Prozac (Fluoxetine)

Rebetol N, SL (Ribavirin N, SL)

Remeron (Mirtazapine)

Remeron SolTab (Mirtazapine Dispersible

Tablet)

Requip (Ropinirole)

Restoril 15, 30 mg (Temazepam)

Risperdal (Risperidone)

Ritalin N, SL (Methylphenidate N, SL)

Ritalin SR N, SL (Methylphenidate

Extended-Release N, SL)

Robinul Forte (Glycopyrrolate)

Sarafem (Fluoxetine)

Sonata N, SL (Zaleplon SL)

Sporanox SL (Itraconazole SL)

Starlix (Nateglinide

Sular (Nisoldipine Extended-Release

20, 30, 40 mg only))

Tegretol XR (Carbamazepine Tablet,

Sustained-Release 12 Hour)

Tenormin (Atenolol)

Tenoretic (Atenolol with Chlorthalidone)

Terazol (Terconazole)

Tobradex (Tobramycin/Dexamethasone

Eye Drops)

Topamax (Topiramate)

Toprol XL (Metoprolol Sustained-Release)

Trileptal (Oxcarbazepine)

Trusopt (Dorzolamide HCl 2% Drops)

Tylenol #3 SL (Acetaminophen with

Codeine SL)

Ultracet (Tramadol with Acetaminophen)

Ultram (Tramadol)

Ultravate Cream, Ointment (Halobetasol

Propionate)

Univasc (Moexipril)

Urso, Urso Forte (Ursodiol)

Valium (Diazepam)

Vaseretic (Enalapril with

Hydrochlorothiazide)

Vasotec (Enalapril)

Vicodin SL, Vicodin ES SL

(Acetaminophen with Hydrocodone SL)

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Additional Tier Three drugs with a generic equivalent in Tier One

Vicoprofen (Ibuprofen with Hydrocodone) Voltaren (Diclofenac)

Voltaren Tablet (Diclofenac)

Wellbutrin **N** (Bupropion **N**)

Wellbutrin SR N (Bupropion

Sustained-Release N)

Wellbutrin XL N (Bupropion HCl XL N)

Xanax, Xanax XR (Alprazolam)

Xopenex Solution 1.25 mg/ml SL

(Levalbuterol HCL 1.25 mg/ml SL)

Yasmin (Ethinyl Estradiol/Drosperinone 0.3/3 ma

Yasmin (Ocella)

Zantac Syrup (Ranitidine Syrup)

Ziac (Bisoprolol with Hydrochlorothiazide)

Zithromax Tablet (Azithromycin Tablet)

Zocor (Simvastatin)

Zofran SL (Ondansetron SL)

Zofran ODT SL (Ondansetron SL)

Zolof (Sertraline)

Zonegran (Zonisamide)

Zovirax Tablet, Capsule, Suspension

(Acyclovir)

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